

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FILED		APPLICANT AL-ZHD-ZHT		APPLICANT AL-ZHD-ZHT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL IND.	4					
TOTAL DEP.	17					
TOTAL CLAIMS	21					

	AD FILED		APPLICANT AL-ZHD-ZHT		APPLICANT AL-ZHD-ZHT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL DEP.						
TOTAL CLAIMS						